BEST AVAILABLE COPY

| | • | | | | | | • • | | ocket Numi | |
|--|---|---|--|--|--------------------|----------|--------------------------|-------------|------------|------------------------|
| <u>.</u> | PATENT A | | N FEE DETE | | ON RECOF | RD . | 100 | 9 | 4/4 | 42 |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | | THAN ENTITY |
| TOTAL CLAIMS | | | 36 | | | RAT | E FEE | | RATE | FEE |
| FOR | | | NUMBER FILE | UMBER FILED NUMB | | BASIC | FEE 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | 26 minus 2 | 6 minus 20= * | | X\$ 9 |)= | OR | X\$18= | 288. |
| INDEPENDENT CLAIMS | | | # minus | # minus 3 = | | X42 | = | OR | X84= | p4. |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | +140 |)= | OR | +280= | • / |
| • If | the difference | in column 1 is | less than zero, e | enter "0" in o | xolumn 2 | TOT/ | | OR | | 1112. |
| | C | LAIMS AS A | MENDED - P | ART II | • | | | _ 10 | OTHER | |
| | | (Column 1) | | Column 2) | (Column 3) | SMA | LL ENTITY | OR | SMALL E | ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | Pi | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | ADDI- E TIONAL FEE |] | RATE | ADDI: TIONAL FEE |
| 5 | Total | . 34 | Minus ** | | • . | X\$ 9 |)== · | OR | X\$18= | |
| ME | Independent | • 4 | Minus *** | | • | X42 | - | OR | X84= | • |
| ٩ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +140 | | ₹. | +280= | |
| 4 | | | | | | | TAL | OR | 7074 | |
| | | | | | | ADDIT. | | JOR | ADDIT. FEE | |
| | | (Column 1) | | Column 2) HIGHEST | (Column 3) | | | _ | | |
| 0 | | REMAINING | | NUMBER | PRESENT | | ADDI- | | DATE | ADDI- |
| AMENDMENT B | | AFTER AMENDMENT | | REVIOUSLY PAID FOR | EXTRA | RAT | E TIONAL FEE | - | RATE | TIONAL FEE |
| | Total | * | Minus ** | | | X\$ 8 | | OR | X\$18= | |
| E. | Independent | • • • • | Minus ** | • | = | X42 | | ┪¨ | YOA | |
| ₹ | FIRST PRESE | NTATION OF M | ULTIPLE DEPEN | DENT CLAIM | | | | OR | | |
| | | | | | | +140 | | OR | | |
| : | . Military | • • • | | | | ADDIT: I | TAL FEE | OR | ADDIT, FEE | |
| | | (Column 1) | (0 | Column 2) | (Column 3) | | | | 91 | |
| () | | CLAIMS | | HIGHEST NUMBER | | | ADDI- | 7 | | ADDI- |
| | | REMAINING AFTER AMENDMENT | P | REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | | | RATE | TIONAL FEE |
| | Total | * | Minus ** | | | X\$ 8 | | OR | X\$18= | |
| AMENDMENT C | Independent | • | Minus *** | • | a · | X42 | | | X84= | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEPEN | DENT CLAIM | | - | | OR | | |
| -, | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | +140 |) = | OR | +280= | |
| | if the entry in only | mn 1 is less than t | he entry in column 2 | 2. write "0" in ca | olumn 3. | 10 | TAL | 7 | TOTAL | |
| - | If the "Highest Nu | mber Previously P | ald For IN THIS SP ald For IN THIS SP | ACE is less that | an 20, enter "20." | ADDIT. | | OR | ADDIT. FEE | |